4646.64-8942.130
9592.132

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Bryant Hager DATE 9-7-83 PERMIT NO. 306

PHONE: Business _____ Home _____

LOCATION 215 X177 TR1206 ~ 1/4 mile on left

S. R. No. _____

SUBDIVISION NAME Hagers Point MH Park LOT NO. 31,30 SECTION OR BLOCK NO. _____

Site Address: 130 & 132 Hager Point Ln - Mrsvl.

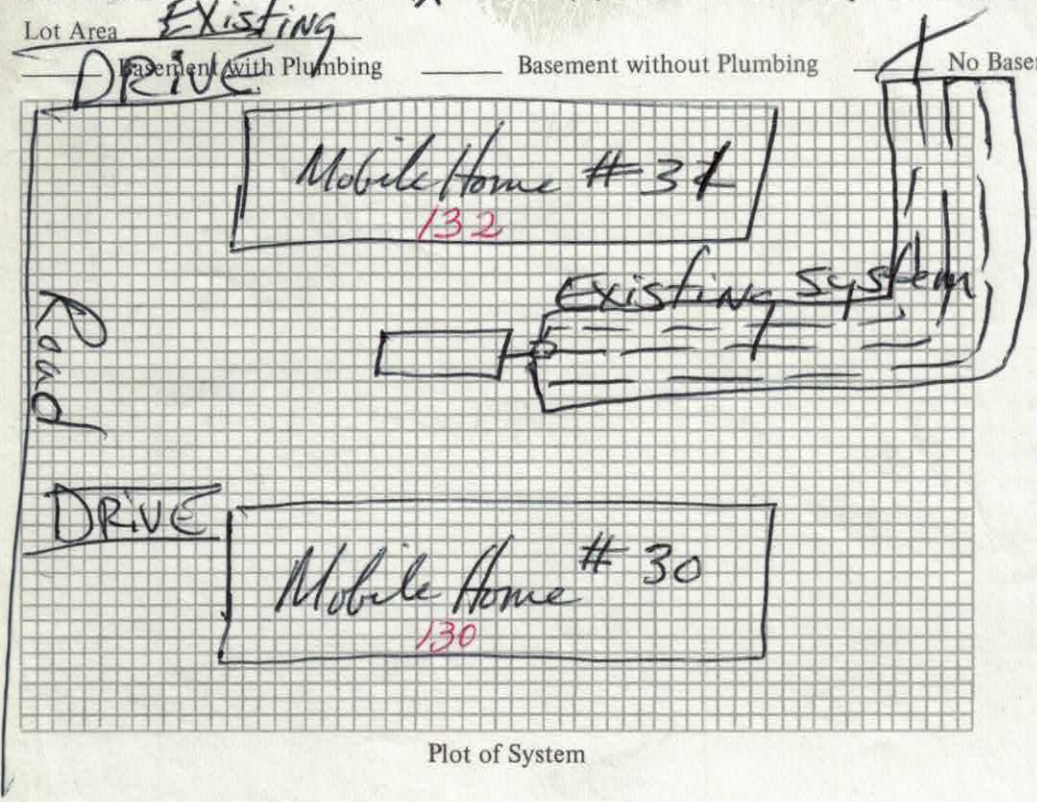
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 6 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil		
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	Existing	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	System	
Site Suitable	Yes (X)	No ( )	Depth to Water Table		
			Rock or other impervious formations		

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Existing

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ~~X~~

Public X

Community H2O

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing System working o/k at date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 9-7-83

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold